

Subhadra
Local Area Bank Ltd

1	2	3	4	5	6	7	8	9
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Date of Request: DDMMYYYY

Loan Account Number 1 (The contact information provided will be updated in all the Retail Accounts'.)

(The contact information provided will be updated in all the Loan Accounts'.)

- DATE:

D	D	M	M	Y	Y	Y	Y
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 PLACE: _____ CUSTOMER SIGNATURE: _____

Please Note: Your request (request numbers 1-14) will be processed within 2 working days. Addition of joint holders and change of signature will take up to 4-5 working days. Delivery of kits / cheque books / statements etc. to your address will take between 5-11 working days if dispatched through courier and 15-18 working days if dispatched through speed post (depending on location).

CUSTOMER REQUEST FORM



For Branch Office Use Only (Encircle Requested SR/s)

10	11	12	13	14	15	16	17	18
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10. DEBIT CARD

☐ DEACTIVATION OF DEBIT CARD NUMBER:

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☐ ISSUE DEBIT CARD DUPLICATE PIN

11. STOP PAYMENT REQUEST

Number of Cheques: Payees Name:

Cheque Number(s):

Date of Cheque: Reason for Stop Payment:

Amount:

FOR OFFICE USE ONLY:-
TIME OF REQUEST RECEIVED

12. REVERSAL OF CHARGES

Date of Debit: Amount of Debit: ₹

I undertake to keep henceforth an Average Monthly / Quarterly / Half Yearly Balance of ₹ (In case of Average Balance

Non-Maintenance Charges only):

I also acknowledge that all other applicable charges with regards to my account have been communicated to me and I will abide by the same.

13. ☐ ISSUANCE OF PASSBOOK

14. MOBILE NUMBER UPDATE & ALERTS REGISTRATION FOR JOINT HOLDERS: (Include Country Code)

Signature of Primary Holder Signature of 1st Joint Holder Signature of 2nd Joint Holder Signature of 3rd Joint Holder

*Signature of all the holders is required for updating of mobile number/s of joint holders.

15. ☐ SIGNATURE VERIFICATION

16. PRINT NOMINEE NAME*

☐ Y ☐ N

*Depending upon the option selected here, nominee name will get printed / not printed on statements, passbooks, etc.

17. ANY OTHER (Please Specify)

I have read and understood and agree to be bound by the Terms and Conditions to various products and services including SMS Banking, E-Statement, including Terms and Conditions related to sharing of relevant information under foreign tax laws like FATCA, as displayed on www.subhadrabank.com. I agree that the Bank may debit service charges plus taxes to my account wherever applicable.

DATE: PLACE: CUSTOMER SIGNATURE:

FOR BRANCH OFFICE USE ONLY

Certified that this Request Letter is complete in all respect & all relevant documents are obtained & verified mode of operation and signatures of the A/c. The request may please be processed. The CRF has been personally submitted by the Customer. I have satisfied myself about the identity of the Customer by verifying his / her Debit Card / KYC document & also his / her signature in Bank's records. I have done proper due diligence for updating the records of the Customer on his / her request at non-base branch.

☐ BANK INDUCED REQUEST

REQUEST RECEIVED DATE: FORWARDED TO CLH DATE:

REQUEST ACCEPTED BY: EMPLOYEE NUMBER: Signature:

Request certified by signature: Designation: ☐ OH ☐ BH S.S. No.:

ACKNOWLEDGEMENT TO CUSTOMER

Customer Name: Date of Request Received:

Request No.: Employee Number:

Name of the Branch Official: Signature:

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